SOURCE
SPIROMICS Study of Early COPD Progression

SPIROMETRY DATA FORM

ID NUMBER: ☐☐☐☐☐☐☐☐

FORM CODE: **SDF**
VERSION: **1.0 05/13/2021**

Event: _____

0a) Date of Collection: ☐☐ / ☐☐ / ☐☐☐☐   0b) Staff Code: ☐☐☐

> **_Instructions:_** _This form should be completed during the participant's clinic visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Do NOT begin pulmonary function testing prior to completing the Pulmonary Function Eligibility Form (PFE)._

1) Was pre-bronchodilator spirometry measured?
☐ No_0 → **Go to 3**
☐ Yes_1

    1a) Time pre-bronchodilator spirometry began:　　☐☐ : ☐☐　AM_1 / PM_2

2) Pre-bronchodilator spirometry values (reported/best):

    2a) FEV_1:　　☐☐.☐☐ L-BTPS

    2b) FVC:　　☐☐.☐☐ L-BTPS

    2c) FEV_1/FVC ratio:　　☐☐☐.☐ %
        NOTE: This value will be automatically calculated in the DMS.

3) Was post-bronchodilator spirometry measured (after ipratropium and albuterol)?
☐ No_0 → **Go to 5**
☐ Yes_1

    3a) Time first puff of ipratropium administered:　　☐☐ : ☐☐　AM_1 / PM_2

    3b) Time post-bronchodilator spirometry began:　　☐☐ : ☐☐　AM_1 / PM_2

4) Post-bronchodilator spirometry values:

    4a) FEV_1:　　☐☐.☐☐ L-BTPS

    4b) FVC:　　☐☐.☐☐ L-BTPS

    4c) FEV_1/FVC ratio:　　☐☐☐.☐ %
        NOTE: This value will be automatically calculated in the DMS.

5) Peak Expiratory Flow (PEF): [ ].[ ] [ ] L/sec

6) Were there any complications during spirometry?

☐ No$_0$ → **Go to 7**

☐ Yes$_1$

    6a) If yes, please explain: _____

7) Other comments:

_____

_____

_____

END OF FORM